



Chapter Recommendation for CCIM Designation

Candidate Full Name: _____ Date: _____

CANDIDATES:
 Insert your name and today's date on the line above and send a copy of this Recommendation Report to an approved chapter representative in your area. Your Portfolio of Qualifying Experience cannot be reviewed until all required documents, including this recommendation, has been received by CCIM Institute.

This chapter recommendation must be filled out by an approved chapter representative. Please visit http://portfolio.ccim.com/pdf/Auth_Chap_Reps.pdf to find an Authorized Chapter Representative. **Chapter recommendations received from individuals not on this list may not be accepted.**

RECOMMENDATION:

- The above named applicant is requesting that you provide an official recommendation to support his/her online résumé of experience.
- Applicants are required to submit a number of documents that demonstrate they have achieved the designation criteria and standards adopted by CCIM.
- These documents include recommendation statements by current CCIM Designees and Clients.
- This form, when completed with the requested information, will constitute a statement by which you will be attesting to the professional qualifications of the applicant.
- Chapter Recommendations should be from an Authorized Representative.
- If not familiar with the applicant the chapter authorized representative should arrange an interview (in-person or by phone) or establish other criteria for the recommendation.

Did you have a face-to-face or a phone verification session with the candidate?	Yes	No
Did the candidate provide a copy of a professional résumé?	Yes	No
Did you discuss the work history and commercial background?	Yes	No
Did the candidate adequately provide details of his/her role over the past five years?	Yes	No
Did the candidate provide a copy of the summary of qualifying activity?	Yes	No
Did the candidate provide transaction volume that meets with the requirement?	Yes	No
Does the candidate adequately understand the CCIM skills and their use in commercial activity?	Yes	No
Do you have knowledge or reason to believe that this candidate has misused his/her candidacy status?	Yes	No

Please provide any other thoughts or comments that you feel relative to the candidate and will assist the grader in understanding the commercial qualifications.

After completing this form, **DO NOT RETURN TO THE APPLICANT** – Please email to designation@ccim.com . If any of your answers exceed the space available below the question, please continue your answer on a separate sheet of paper and include it with your response.

RECOMMENDATION

The information that I have provided in this Recommendation Report is, to the best of my knowledge, true and correct.

By signing this document, I...

...**do recommend** this candidate for the CCIM designation.

...**do not recommend** this candidate for the CCIM designation.

Signature (required): _____ Date: _____

Printed Name: _____

Chapter Name: _____ City, State: _____

Business Phone: _____ Email Address: _____

Send this form -- IN CONFIDENCE -- directly to the CCIM Designation Department
Email: designation@ccim.com
Fax: 312-981-7889
Questions? Call (312) 321-4517